


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90023 039 ****61.25

DOCUMENT # N06000004465					
1. Entity Name GATE PARKWAY WEST ROAD MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224			Mailing Address 11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5982549	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GENOVESE, BILL 11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224			Name <u>Ron Cotterill</u> Street Address (P.O. Box Number is Not Acceptable) <u>1010 N. Florida Ave.</u> City <u>Tampa</u> FL Zip Code <u>33602</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ron E. Cotterill</u>		DATE <u>4-14-08</u>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVESE, BILL		NAME		
STREET ADDRESS	5210 BELFORD ROAD SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROB		NAME		
STREET ADDRESS	8261 HIGHGATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASHORE, JEFF		NAME	ARNOLD, TODD	
STREET ADDRESS	4033 LIONHEART DRIVE		STREET ADDRESS	3856 LIONHEART DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, JEN		NAME		
STREET ADDRESS	8295 HEDGEWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, MICHAEL		NAME		
STREET ADDRESS	8290 GATE PARKWAY WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARLING, JOHN		NAME		
STREET ADDRESS	9000 CYPRESS GREEN DIRVE, SUITE 107-B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ron E. Cotterill</u>		DATE: <u>2/26/08</u>		Daytime Phone #	